



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : HIROSE  
Serial No.: 09/462,109  
Filed : 12/30/99  
Title : Composite Reverse Osmosis Membrane  
and Method for Producing Same

Art Unit : 1771  
Examiner : Roche, L.

Assistant Commissioner for Patents  
Washington, DC 20231

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REPLY UNDER 37 CFR § 1.116

Dear Sir:

In response to the Office Action dated November 5, 2001, the Applicant submits the following reply.

CLAIMS

Please amend the claims as follows [a marked up version of the claims is provided as Appendix A]:

1. (Twice Amended) A composite reverse osmosis membrane comprising:  
a porous support; and  
a polyamide skin layer formed on the porous support, wherein the contact angle between the polyamide skin layer surface and water is no more than 45°, sodium chloride rejection is at least 98%, and the permeate flow rate is at least 0.5 m<sup>3</sup>/m<sup>2</sup> day when evaluated by using feed water which has pH 6.5, 0.05 weight % of salt, an operation pressure of 5kgf/cm<sup>2</sup> and a temperature of 25°C.

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Masahiko HIROSE et al.	Docket No. 04558/039001
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Serial No. 09/462,109	Filing Date December 30, 1999	Examiner L. Roche	Group Art Unit 1771
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Inventor: **COMPOSITE REVERSE OSMOSIS MEMBRANE AND METHOD FOR PRODUCING SAME**



TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591  
A duplicate copy of this sheet is enclosed.
  - ☒ Any additional filing fees required under 37 C.F.R. 1.16.
  - ☒ Any patent application processing fees under 37 CFR 1.17.

Signature

Dated: 1/7/02

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I certify that this document and fee is being deposited on <u>JANUARY 7, 2002</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.	
 Signature of Person Mailing Correspondence	
Wendy Hippe Typed or Printed Name of Person Mailing Correspondence	

cc: